

Back & Neck Pain Questionnaire

Please mark all that apply with a “yes”.

- _____ I stay home most of the time because of my pain.
- _____ I change positions frequently because of the pain.
- _____ I walk slower than normal because of the pain.
- _____ I can not do any work around the house because of the pain.
- _____ I hold a handrail to get up and down the stairs.
- _____ I lie down to rest more often because of the pain.
- _____ I can not bend or kneel down due to the pain.
- _____ I find it difficult to get out of a chair because of the pain.
- _____ My back and neck are painful more than five days a week.
- _____ I find it difficult to turn over in bed due to the pain.
- _____ I have less of an appetite because of the pain.
- _____ I feel depressed because of the pain.
- _____ I have tried Chiropractic, Physical Therapy and Pain Management and had no relief of the pain.
- _____ The pain goes into my arms and legs all the time.

If you answer yes, to any of these questions, you are a candidate for Reconstructive Injection Therapy.